Conference Summary

Meeting for_____ **Date of Birth:**_____
Date:_____ **Location** _____ **Special Education Teacher** _____

_____ **Introduction and Title of IEP Team Members**
_____ Parent
_____ LEA Representative (Principal, designee)
_____ Special Education Teacher
_____ Regular Education Teacher
_____ Student (if appropriate)
_____ Interpreter of Assessment Results
_____ Other

_____ **Review of due process rights**

Goal and Purpose of IEP meeting:
☐a. To share the results of evaluation or re-evaluation
☐b. To discuss options of service and regular program accommodations.
☐c. To develop (or addend) an IEP.
☐d. To review IEP goals and write a new IEP.
☐e. To develop a four year plan
☐f. To complete a manifestation for: behavior or attendance
☐ Other:_____

Summary and Conclusion of Items Discussed

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Summary and Conclusion of Items Discussed- continued

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Special Transportation for delivery to and from school (other school related travel as appropriate)
☐ Yes ☐ No **(If marked yes- provide justification statement)** _____
_____

General Transportation (large bus with no seatbelts) with parent permission may be used for field trips and additional school activities ☐ Yes ☐ No
(If marked no- provide justification statement) _____
_____

Pertinent Medical Information: _____
Critical Care Plan Developed ☐ Yes ☐ No
Medications? ☐ Yes ☐ No If yes, please list medications: _____

Special Education Hours _____ **Regular Education Hours** _____

Yes	No		Yes	No	
☐	☐	sign eligibility report (if appropriate)	☐	☐	achievement test

☐ ☐ IEP team signs in agreement
☐ ☐ extended school year

☐ ☐ accommodations
☐ ☐ setting
☐ ☐ read aloud